



Code Complaint Form

Date: _____ Time: _____

Property location or address: _____

If no address, Parcel ID number: _____

Property Owner (if known): _____

**** If neither address nor parcel number can be obtained, we ask that you please provide your name and contact number(s) below.**

Name: _____

Work Number: _____

Home Number: _____

Mobile Number: _____

****IF YOU WANT TO REMAIN ANONYMOUS, we ask that you contact Jaime Baze at a later date to ensure we received all vital information regarding the property in question.**

Situation: _____

THIS COMPLAINT FORM CAN BE FAXED AND/OR MAILED TO THE ADDRESS BELOW.

Division of Building Inspections, Code Enforcement Department

Attention: Jaime Baze

3095 Crawfordville Highway

Crawfordville, FL 32327

Office: (850) 926-7636

Fax: (850) 926-8086